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The Limits and Requirements of Gynecology

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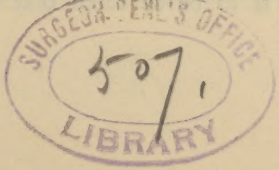
"L'attention a besoin d'être éveillée pour apercevoir même les choses les plus ordinaires."—DUPUYTREN.

THERE seem to be two different views quite commonly held concerning the science and art of gynecology; one being that it has to deal only with the distinctive organs of women, and another that the whole of this specialty is a branch of surgery, while everything else pertaining to the illnesses of women either belongs to some other specialty or to general practice. This branch of professional labor which has to deal with the most cherished portion of the civilized world, has a much wider range, and it cannot be thus bounded. With this belief I shall venture to call attention to a few essentials, rather than even attempt to discuss in any full sense the limits and requirements of gynecology.

Ever since Eve quit living at her ease and entered upon her worldly career, down to the dawn of the millenium, there has been and will be numerous ailments of women, whose coming neither the devices of man nor the provisions of nature can avert. The capabilities of gynecology, which has already bestowed untold blessings on the human race, are very great, whose limits and requirements are difficult if not impossible to closely define, and I must confess that as I approach the task I do it with reluctance, for I



feel my incompetency to discuss the subject in such a manner as its importance demands.

In the present time, when specialism in medicine and surgery is more common than formerly, and the value of special study and training are universally acknowledged, the following questions arise: Is there not a great liability that specialists will fail to be thoroughly educated in general medicine and surgery prior to entering on special work? Is not a thorough practical knowledge of medicine and surgery an important pre-requisite to success in special practice? The foregoing interrogatories will be incidentally considered in the following paper.

Specialism in medicine has become recognized as a necessity not by the profession only, but by the people. The high-school graduate of to-day represents attainments equal to the college graduate of a quarter of a century ago. Knowledge has increased with the growth of the century, in medicine as in all other branches of learning, and the medical student of to-day has facilities for obtaining knowledge which were unknown a few years ago. There is now no excuse for a graduate in medicine being uncultured and uneducated, yet with all the means at command for thorough medical training, it is beyond the capabilities of the human mind for one to be equally proficient in all the various departments of our art. It would be like whirling the wheel of time backward for us to return to "the good old times," when a doctor was supposed to be equally skilled in general medicine, surgery, obstetrics, and all of the specialties developing therefrom.

It can be stated without fear of contradiction, that it is impossible for one person to embrace the whole of the professional field in practice. Life is too short for one to attempt to plough equally deep in each. This is more palpably true as they severally demand the highest culture.

It is to be deplored that specialists often engage in

their work without adequate preparation, and sometimes medical students select some special field of labor and upon graduating enter immediately upon its practice. Thus both general and special medicine are brought into disrepute, for no one can graduate into a specialty.

I have for years contended that the only material from which to make a successful specialist is the general practitioner, and time has more strongly confirmed my belief. First, a thorough medical education, and secondly, several years of general practice, should precede engaging in special practice. The aptitude one may evince for a particular field of labor may often be an entirely different one, at this time, from the one aspired to in student days.

Gynecologists, no less than general practitioners, are cognizant of the fact that women patients may be affected with other disorders than those of the uterus and its appendages. It cannot be denied that there has been an apparent forgetfulness, on the part of some practitioners and some gynecologists, that women possessed other important organs than those contained in the pelvis. There are many derangements of the system which closely resemble diseases of the generative organs. For instance, pain in the back may be due to coccygodynia or myalgia, chronic malarial toxæmia, or other causes. Painful micturition, often attributed to uterine displacements, may be due to irritable caruncle of the meatus urinarius or fissure of the urethra. And when the painful urination is accompanied by pelvic pain, one might be led to believe the discomforts were due to uterine displacements, or possibly cystitis; yet analysis of the urine will show a uric-acid diathesis which neither the washing out of the bladder nor any other local treatment will relieve. Pain in the abdomen, sometimes attributed to the ovaries, may be due to habitual constipation or to an atonic condition of the large intestine. Sometimes the pain in the left side, called ovarian, may be wholly due to constipation. In this condition there

will be, not infrequently, pain in walking or standing. Pelvic congestions, reflex disturbances closely simulating diseases of the uterus, diseases of the rectum, hæmorrhoids, anal fissure, ulceration of the large intestine, may produce symptoms often attributable to diseases of the generative system.

Without question, chronic constipation with the consequent pressure upon the left ovary, is one of the most frequent conditions giving rise to ovarian pain, with many reflex symptoms, such as sympathetic sciatica, so closely resembling ovarian disease as to be called by the latter name. There is but little room for doubt that the long continuance of pelvic disorders will in time give rise to hæmorrhoids and other disorders of the rectum; and on the other hand, these last-named conditions may aggravate already existing pelvic disorders.

There are many abnormal conditions of the abdomen closely resembling diseases of the uterus or its appendages, such as movable or displaced kidney, a sensitive or slightly inflamed condition around the appendix vermiformis, chronic exudation around the same, inflammation of the ureters. Malignant disease of the kidney, calculus, pyonephrosis, and other diseases of this viscus may simulate uterine disorders. The same may be said of tubercular peritonitis and certain affections of the stomach and colon. Hepatic disorders are frequently mistaken for uterine, while the reverse also holds true. Displaced liver has lately been mentioned as having been confounded with uterine disease.

Other constitutional diseases, having no immediate connection with gynecology beyond the fact that the patients are women, may be by the imperfectly trained gynecologist claimed as belonging exclusively to his specialty. Other conditions arise where a clear and definite acquaintance with diseases of the chest, and a practical knowledge of auscultation and percussion, are essential to the gynecologist.

The astonishingly brilliant achievements of abdominal

surgery of late years, has brought this department into great prominence before the medical world. The percentage of recoveries of the successful operators has become so large that its recital would have seemed a fairy tale to the ovariotomists of a quarter of a century ago. While it is a laudable ambition to make many operations, and especially have a large percentage of recoveries, there is a much higher aim; that is, to cure the patient; and it is a well known, but not generally acknowledged, fact that recovery from an operation and cure of the disease are *not* synonymous terms. The subsequent history of many of those operated upon would often be a sad recital of aggravated suffering. This is a grand central question around which many things turn. It is a melancholy truth that tyros in the profession, so far as general medical knowledge is concerned, have become expert abdominal surgeons and have acquired proficiency in technique, but without the diagnostic skill which should accompany it, and which some experience in general medicine alone furnishes. Such men as these are not fair representatives of the best gynecologists of the present time.

Further, these surgeons frequently point with pride to the great number of recoveries, yet many of these reputed recoveries are not *cures*, as subsequent results show. Removal of the ovaries and Fallopian tubes for pain, *per se*, has not been productive of many cures, nor has the same surgical operation for mental disorders been more satisfactory. It is very evident to every conscientious, careful gynecologist, that anæmia, the multiform varieties of neurasthenia and hysteria, play an important part in the production of pain.

These are misleading conditions for which many a woman has had her ovaries removed, without accomplishing the ultimate good results usually expected, and often promised.

Thirty years ago, the teachings of Bennett regarding ulceration of the uterine neck, which we now know is

not true ulceration but granulation following laceration, represented the advanced views of that day. Then, the mechanical treatment by means of pessaries held the boards for many seasons. An epitome of the practical portion of one of the most interesting and elegantly written American works on diseases of women, can be given in few words, viz., "All curable diseases of women can be cured by my pessary, while those that cannot be cured by this means are incurable."

Then later, the crooked ways of the uterus must be made straight by stems, tents, cutting instruments, etc.

At another time the incision of the uterine neck for a variety of disorders was in vogue, while later, the neck of the uterus was found to be torn after every case of childbirth, and could only be remedied through a surgical operation. Thus many of the fads of gynecology have from time to time prevailed, to be relegated later to the things that have been.

More recently, a new school of gynecological prophets has arisen, who have promised ease and comfort to all suffering women if they will submit to a trivial surgical procedure, and be content to remain ovariless and childless during the remainder of their lives. The old classical motto, "Propter uterum est mulier," is no longer held in esteem, but in its place, "Propter ovaria est mulier," with the addition in plain English "For revenue only."

Happily for the future of our country, this industry is diminishing, and conservatism is beginning once more to hold sway; and as it is quaintly put by the brilliant editor of the MEDICAL RECORD, "What glad news this will be for the little ovary, which can now carry on its particular home industry, instead of becoming domesticated into the pickling jar of the progressive gynecological pathologist. Let us hope, then, that the surgical millennium is coming, when the ovary shall hereafter peacefully wrap the drapery of the broad ligament about her and lie down to peaceful dreams of families yet to be."

One characteristic of many in this new school is the apparent assumption that all gynecological knowledge worth retention has been developed by them and is an outcome of the last decade. The literature of the past is rubbish, its pathology faulty, and its teachings pernicious. Libraries are no longer of value, and only recent publications, damp with the printer's ink, are to be relied upon. It cannot be forgotten by the conscientious observer, that the present state of gynecological knowledge has not been altogether the result of sudden development, but rather the product of slow accretion. The student of medical history, however, finds it often repeating itself, and the revival of some old fact or theory is modernized with additions and given to the world as something entirely new.

Let me not be misunderstood. No one admires more than I do the pushing aggressiveness of many of the very class I have alluded to ; but the belief that true conservatism, based on thorough knowledge, should prevail has prompted me to write thus plainly. Conservatism as applied to gynecological surgery, is a term sometimes used as an excuse for ignorance or inefficiency, but it is only in its true sense that it is here used.

It is neither my desire nor design to deprecate the value of surgical gynecology. Since my first ovariotomy, in 1868, I have been constantly engaged in the surgical work of this specialty, therefore it is from the standpoint of the surgeon rather than the physician that the theme I have selected is considered. If what I say concerning gynecological errors can be looked upon as a criticism, then I may be among the criticised. It seems to me that, from the gynecologist himself, no more appropriate plea can emanate than one which demands that knowledge in his specialty shall be limited alone by the most thorough scientific attainments and cultivation of the highest art.

Materia medica comes in for more than its share of ridicule by this newest school, and yet a knowledge of

therapeutics which implies a certain degree of familiarity with materia medica is an important pre-requisite for the thoroughly equipped gynecologist.

The changes in theory and practice have been more marked and more rapid in gynecology than in any other department of medical science. These changes have not been continuously progressive, but have been fitful and somewhat erratic. The accusation has been made, and not wholly without good cause, that gynecologists often fail to understand clearly the influence which disorders of the generative organs have upon the general health. The foundation of these charges, doubtless, lies mainly in the fact that the work of most gynecologists is in the main surgical instead of medical. The aims of surgery are for direct results, while those of medicine are more remote, reflective, and more comprehensive in character. During the past few years abdominal surgery has accomplished such astounding results, that it has seemed to many gynecologists to overshadow everything else. The unprecedented number of recoveries from cœliotomies at the hands of gynecological surgeons, has brought this branch of surgical art and science to the front in such a manner as to lead to the belief, on the part of many, that not only is proficiency in abdominal operations a *sine qua non* for every full-fledged gynecologist, but more particularly is the number of his operations a gauging point.

In other words, the more cœliotomies, the higher in the scale is the gynecologist, and the quicker they are made, the more lustre is added to his name. That this branch of gynecological work has apparently overshadowed everything else, is to be deplored, and it must, in the near future, lead to many retractions and many regrets. It does not seem possible for it to be otherwise, unless the usual currents of medical and surgical history deviate from their regular channels. "Tithing mint and cummin, and neglecting the weightier matters of the law," has its parallels in medicine as well as elsewhere. Of this as-

sertion it may be asked, which are the weightier matters, and have you not reversed the proper order in which they should be placed? It is not necessary for the purposes of illustration that a decided answer to this question be given, as there must of necessity be honest differences of opinion as to what should rank first in importance in gynecological work.

In the rush to become distinguished as abdominal surgeons, some seem to have neglected the careful study and consideration of many of the morbid conditions to which the uterus and other organs are subject, and for which cœliotomy is never required.

The many improvements in the diagnosis of diseases of women and the surgical operations for their relief, have been the most distinctive features of the progress of gynecology during the present generation. McDowell initiated the surgical procedure from which the most brilliant results have followed and thousands of lives have been saved. Probably no other operation has been devised which has added so much to the duration of life as ovariotomy. We find here an illustration in its highest sense of conservative surgery. The injuries of parturition which formerly were considered beyond the resources of art, are now cured by surgical means. The éclat of surgical operations often brings reputation and pecuniary compensation out of all proportion to the rewards of patient labor in the fields of pathology and therapeutics. For these reasons it is not surprising that medical gynecology has failed to be as attractive as surgical. Genius has exhibited its triumphs more frequently in surgical gynecology. But the shining successes of surgery are of necessity accompanied by tendencies more or less dangerous, particularly where enthusiasm for the work develops a spirit of recklessness sufficient to cause one to forget that an operation is never justifiable except for the preservation of health or saving of life. "The sole justification of any operation which involves suffering and danger to the subject, must be the strong probability,

based on scientific knowledge, that compensating good will be the result." (Fordyce Barker.)

The temptation to practise our art when the conservative processes of nature may effect a cure, sometimes leads one into error. It is impossible to defend a death caused by an operation performed for the purpose of relief from symptoms which have but little disturbing influence upon the general health.

Abdominal surgery has attained such prominence that it seems to be, by many in the profession, synonymous with gynecological surgery. In this class of work the advantages of skill in operating and nursing, with suitable environments, have been made apparent, and it is through them that the present great successes of abdominal surgery have been attained.

I heard a well-known and distinguished general surgeon remark, in a gathering of medical men less than a year ago, that gynecology was simply a branch of surgery and should never have been separated from it as a specialty. Others think differently, for the general surgeon, although he may be skilled in the technique of certain operations, is not from that fact a gynecologist. There is preliminary training before entering upon practice that the surgeon is not required to pass through. The delicacy of touch and gentleness in methods of manipulation are better acquired by the obstetrician than the general surgeon.

Doléris, the distinguished French gynecologist, goes so far as to say, "One is not a gynecologist if he has not begun by being an obstetrician." This position he defines in an elaborate paper.

Substantially the same views are held by Auvard, of Paris, Martin, of Berlin, and Winckel, of Munich, in an exhaustive paper read at the last meeting of the American Gynecological Society, on "The Union of Obstetrics and Gynecology."

Similar views to the above are also entertained by many who have become distinguished in the field of gynecology

in England and America. While such opinions may be deemed radical, it cannot be denied that they contain more than a modicum of truth ; nor is it necessary to read between the lines to observe that a one-sided development does not make the well-rounded and competent gynecologist.

The lessons taught by history are not always comprehended nor remembered, and that is why mistakes of the past repeat themselves. We have been taught by medical history that errors of observation and judgment have ever accompanied the truth, and that its progress has been marked with dazzling delusions, some of which were in their time believed to be as substantial as any established fact of to-day. Errors are never suddenly abjured. One is slow to renounce old beliefs, but time is an element that frequently works great changes. It may be a little humiliating to look back upon discarded follies, but there will sometimes be great advantage in retrospection. We profit more by our own mistakes than by those of others, but we should also attempt to gain knowledge through the history of the past and the successes and errors of others.

I believe it to be an established truth in medicine as elsewhere, that one gains more useful knowledge through his failures than his successes.

Conservatism has not always met with the consideration due to it. In our art conservatism, in its true sense, signifies the preservation of health and saving of life by the least dangerous means, but if necessity demands, the most effectual and radical treatment should not be avoided. It is not conservatism to attempt to disperse a pelvic abcess by tampons and hot douches, nor to endeavor to cure an ovarian tumor by electricity. True conservatism demands the best and promptest means of treatment.

It cannot be questioned that in gynecology there has been much needless and reckless surgery. It is a surgical sin to make an operation attended with the least danger and causing mutilation, if safer methods will accomplish all that surgery can make possible.

Now, on the other hand, the temporizing methods of those who call themselves conservatives are to be deprecated. Conservatism here is a misnomer. Procrastination and hesitancy, or lack of knowledge and want of courage, are not synonymous with true conservatism. These are the methods, not infrequently, of the timid or the ignorant, and no more represent the genuine gynecologist than do those of the reckless surgeon. There are abuses and errors to be corrected besides those of a strictly surgical character, not the least one of which is the too common and often unnecessary pelvic examination of young and unmarried women. This topic I will dismiss with a single assertion, leaving much to be implied, in saying that the conservation of the *morale* of patients is a duty under that unwritten code which should govern the lives and actions of every physician.

Many patients, and particularly those who consult gynecologists, instead of requiring the knife of the surgeon or the preparations of the pharmacist, are in need of the kindest advice and sympathy. Their minds are emotional, their ideas are disordered, and their sensations abnormal. A study of psychical, no less than physical, disorders is an essential part in the education of one who aspires to any degree of proficiency in differential diagnosis. We have to deal with the mysteries of life, which are intensified when its manifestations are abnormal.

My preceding remarks have been in the main relative to surgical gynecology, and for this reason, that the belief, both in and out of the profession, has seemed to prevail that the gynecologist is a special surgeon, and nothing more.

It is true that to be successful in this branch of medicine one must be a surgeon, but he must be something else. The limits of gynecology are *not* narrow, but wide, and to be thoroughly competent requires a general medical and surgical training. In these days a medical education presupposes preliminary training and culture as

initiatory to its study. Medicine can only be advanced in its various branches by its students devoting their entire time and energy to that purpose. I believe it to be impossible for one to deserve eminence in any one specialty without being grounded in the whole science and art of medicine.

Mill, in an address to the University of St. Andrew some years ago, said: "It is the utmost limit of human acquirement to combine a minute knowledge of one or of a few things with a general knowledge of many." This general knowledge marks the accomplished, skilful gynecologist.

To succeed in the treatment of diseases of women, one should fully understand their mental peculiarities as well as their physical conditions, and, all other things being equal, the one will best attain this end who is the best able to bespeak their confidence and stimulate their hope.

Recently the medical journals have called attention to an enterprising young physician, not quite twenty one years of age, living in a country village in one of the Southern States, who had made eleven laparotomies within a few months, thereby depriving the same number of women of their ovaries, and all these patients had recovered. If gynecology required nothing better than this, what brilliancy is here displayed, what genius, like the rose born to blush unseen, is permitted to languish in that southern village. Probably, in five years nine out of those eleven women will arise and call him not blessed, but cursed.

What a marked contrast is the record of those who have made American gynecology famous. The genial and gentle Marion Sims, of precious memory, was first a cultured gentleman, next a general practitioner in Alabama, and later, through his earnest labors for the relief of suffering womanhood, justly won the distinctive title of the "Father of American Gynecology." The Atlees, Peaslee, whose classical work on "Diseases of the Ovaries" has never been surpassed; Byford, industrious and

painstaking; Albert Smith, Jackson, and others who have passed to their reward, were all first general practitioners. Of many now living who have given renown to American gynecology, some were for a time obscure physicians who later developed an aptitude that made them skilful in their special work. None of these who have conferred lasting benefits upon womankind became specialists until, through years of patient toil, they won the right to that distinctive title.

The mantles of the illustrious dead who made American gynecology famous have fallen on worthy shoulders, and future generations will accord to many now living, places in the niche of fame as high as the highest of those pioneers who wrought carefully for years in the field of medical science and now rest from their labors.

The ideal gynecologist is made, not born, nor is the process of construction limited in time by any college curriculum. Before proceeding further in considering this portion of my theme, I want it to be distinctly understood that I am strictly impersonal, as I consider myself sadly lacking in many of the qualifications which go to make up the ideal gynecologist.

To the obstetrician and the gynecologist the dearest interests of the community are intrusted; the ideal gynecologist should therefore be, first and foremost, a cultured, educated gentleman, worthy of the important trust committed to his care. He should be thoroughly trained as a general practitioner and engage for a time in general practice, for without such experience he will be only a partially grown specialist.

He should be a physician and a surgeon with a general knowledge of all the special branches of practice. He should receive special training at the hands of several masters, for, although the pioneers of gynecology won distinction without it, the times have changed, and now the responsibilities of the specialist are greater than ever before. The improved methods of teaching in the medical colleges and post-graduate schools, with increased

clinical opportunities, compel the specialist to avail himself of these advanced methods. The interest in everything that relates to the most cherished members of society, must cause the gynecologist to avail himself of every opportunity by which knowledge may be deepened and broadened by contact with the master minds in this department of medicine and surgery.

It is the right and privilege of every man and woman to aspire to perfection of character and to the attainment of absolute truth in art and science, but their possession is only for Infinity. It is ever the unquenchable desire of higher humanity to strive to reach the summit of human possibilities, and though one may ascend height after height and yet not reach it, he can still bear within his breast this best of all convictions—the higher the aim, the greater the attainment.